## 

		CERTIFICATED COMP	PANY INFORMATION						
N	AcClellanville Telephone	Company							
Company			FEIN/SSN						
Т	DS Telecom	86	65 671-4749						
Dba/fka			Telephone #						
_10025 lr	nvestment Drive, Suite 2	00							
Mailing A	Address								
Knoxville.	TN 37932								
City, State	e, Zip Code								
Town of McClellanville									
Business Location									
City, State	e, Zip Code		County						
REGISTERED AGENT INFORMATION									
			NT INFORMATION	PSC SCHO					
Registere	d Agent:								
Mailina A	44		R. W.	1, 2013					
Mailing A	aaress:		FEB	, C					
City State	e. Zin Code <sup>.</sup>		•	PEC DING					
Only, Olar	<u></u>		1	MAIL					
Pur	suant to the Commission	n's rules and regulations, r	orint or type company con	tact for the following areas:					
			• • • • • • • • • • • • • • • • • • • •						
Α	N/A	the second							
G	<b>General Manager</b> (Include a	ddress if different than above.)							
=	elephone Number	Facsimile Number	I E-mail Address	· · · · · · · · · · · · · · · · · · ·					
1	elephone Number	racsimile number	L-mail Address						
В									
C	Sustomer Relations /Comple	aints Representative (Include		,					
=	/			ncomplaints@tdstelecom.com>					
ı	elephone Number	Facsimile Number	E-mail Address						
C1									
C	Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)								
	n.com								
	elephone Number	Facsimile Number	E-mail Address						
	diophono Numbor	i domino riambo.	2						
C2.	C2. Customer Contact (Toll Free Number)								
D. <b>_</b>	James Meade	clude address if different than a	bove.)						
Engineering Operations (Include address if different than above.)									
Ī	elephone Number	Facsimile Number	E-mail Address						
	·								
E.	James Meade est and Repair (Include ad	dress if different than above.)							
•		1	1						
_		•							

	Telephone Number	Facsimile Number		E-mail Address			
F.	James Meade	_					
	Emergencies (During non-office hours)						
	865 679 9667		1/				
	Telephone Number	Facsimile Number	,	E-mail Address			
In addit	tion places provide the follow	ving company contact inform	nation to	assist in proper routing of correspond	lence and invoices:		
in addit	tion, please provide the follow	ing company contact inform	ilation to	y usust in proper rouning of company			
G.	James C Meade						
	Regulatory Officer (Inclu	de address if different than ab	ove.)				
	865 671-4749	/ 865 966-4720		jim.meade@tdstelecom.com			
	Telephone Number	Facsimile Number		E-mail Address			
Н.	TDS Telecom -Tax Knowledge Center  Dual Party Mailings (Name)						
	525 Junction Road Madison, WI 53717						
	Mailing Address	, , , , , , , , , , , , , , , , , , , ,	,	to due codo de ceta@toldto com			
	865 671 4749 Telephone Number	/ 608 664-8887 Facsimile Number		taxknowledgectr@teldta.com E-mail Address			
,	•		مالت سيالم		Manroe WI 53566		
l.	Mailings to James Meade Checks to: TDS Telecom- McClellanville USRJCM Attn: Scanning PO Box 480 Monroe, WI 53566 Interim LEC Fund Mailings (Name)						
		Invoices to: TDS Telecom- McClellanville USRJCM PO Box 620988 / Middleton, WI 53562-0988					
	Mailing Address 865 671 4749	/ 865 966 4720	1	jim.meade@tdstelecom.com			
	Telephone Number	Facsimile Number		E-mail Address			
J.	•	necks to: TDS Telecom- McCl	ellanville	USRJCM Attn: Scanning PO Box 480 N	Monroe, WI 53566		
	Invoices to: TDS Telecom- McClellanville USRJCM PO Box 620988 / Middleton, WI 53562-0988						
	Mailing Address						
	865 671 4749 /	865 966 4720 /	_jim.mea	de@tdstelecom.com			
	Telephone Number	Facsimile Number		E-mail Address			
K.	Finance				<u>.</u>		
	Gross Receipts Mailings (Name)						
	24 Depot Square,	Unit 2 Northfield, VT 05663			·		
	Mailing Address	1 005 000 1700	1	finance @tdetalacem.com			
	865 671 4749 Telephone Number	7 865 966 4720 Facsimile Number		finance@tdstelecom.com E-mail Address			
,	•		the e-m				
L.	<u>James Meade</u> New Applicant may be sent directly to the e-mail listed below  Lifeline Mailings (Name)						
	Mailing Address	,		Lifeline Approvals < lifelineapprovals@	tdetelecom com>		
	Telephone Number	Facsimile Number		E-mail Address	INCOMP.		
	relephone Number	r docume r turnes.		<u></u>			
	James Meade						
	This form was completed by	(print name)		Signature			
	Manager State Go	vernment Affairs		12/13/12			
	Title			Date			
	RETURN COMPLETED FO	RM TO:					
	Public Service	Commission of SC		Office of Regulatory Staff			
	Docking Depa	rtment		Attn: Jeanne Gordon			
	Post Office Dra			1401 Main Street, Suite 900 Columbia, South Carolina 29201	(Rev. PSC/ORS 08)		
	Columbia, Soul	h Carolina 29211		Columbia, Court Caronila 2020 i	(1104.1 00/0/10 00)		